PTO/SB/06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 10/177,314													
												-	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OR	OTHER T	
FOR NUMBER FILED NUMBER EXTRA						EXTRA	Γ	rate	FEE		RATE	FEE	
BASIC FIE										\$ <u>385</u>	OR		\$
	AL CLAIMS		23 minus 20 =			+ 3			<u> </u>	27	OR	x \$=	
IND	EPENDENT CLA	AIMS	,	3 minu	183 c	→ 0			X=		QR.	x =	
MULTIPLE DEPENDENT CLAIM PRESENT (IV CP2 1.09/40)								+	=		OR	+=	
♦ If the difference in column 0 is less then then term, exter ™ in cultural 2								•	ľOTAL	\$412	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Crowns 1) (Column 2) (Column 3)								\$	MALL E	NTITY	OR	OTHER T SMALL E	
ENT A		CLAIM REMAINI AFTER AMENDM	NG	in the second	PREV	SHEST IMBER FIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL PEG		RATE	addi- Tional Fee
MQ	Total	*	ı	Mintes	state		=	x S	S=		OR	x S =	
AMENDMENT	Independent	*	1	Mitwas	444		=	X	=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (5) CFR LIGH)					+	=		OR.	+=			
	(Column 1) (Column 2) (Column 3)								TOTAL II. FEE		OR _A	TOTAL DOIT, FEE	-
ENDMENT B		CLAIM REMAINI AFTER AMENDM	NG .		NI PREV	GHEST IMBER VIOUSLY ID POR	PRESENT EXTRA		RATE	ADDI- TIONAL IÆE		RATE	ADDI- TIONAL FEE
	Total (37 CFR (125(2))	*	1	Minus	**		=	x 5	x \$=		OR	x \$=	
AME	Independent (17 CFa.1.889))	4	1	Minus	###		=	х,	=		OR OR	x =	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR LIGO)					CFT CFTR 1.164.659	* .	—		QR	+=		
(Column 1) (Column 2) (Column 3)							(Column 3)	TOTAL ADDIT: FEE				TOTAL DOIT, FEE	
AMENDMENT C		CLAIM REMAIN APTER AMENDM	NG		NL PREV	GHEST IMBER PIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI* TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (17 cra (.ea/c))	3 5	ı	Minus	排車		=	x.	S=		OR	x S =	
	Independent (Er Cra. 1.888))	*	1	Minus	***		=	[x			OR OR	х =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (77.978 1.10%)						(FF COPR 1.1(44))	4			OR	t	
+ 3	f the entry in colo	ne entry in column 1 is less than the entry in column 2, write *0* in column 3.						-	TOTAL DIT. FEE		OR	TOTAL DOM: FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".													

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TO	OTAL CLAIMS		23			11111 21	J. p	RATE	FEE	1 . [RATE	FEE
FC	DR		NUMBER FILED		NUME	BER EXTRA		BASIC FEE	 	OR		·
_	OTAL CHARGEA	ARI F CLAIMS	00	nus 20=	1. 3			Vé 0-		1	V242	
			0		* 0	<u></u>		X\$ 9=	27	OR		
L.	DEPENDENT CL		1					X43=	<u> </u>	OR	X86=	
МС	LTIPLE DEPEN	NDENT CLAIM PF	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL	412	OR	TOTAL	
	C	LAIMS AS A	MENDED) - PAR	T II					•	OTHER	
_	•	(Column 1)	1	(Colun		(Column 3)	, ,	SMALL		OR	SMALL E	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		-		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	'ENDENT	CLAIM] [+145=		i i	+290=	
I			•				L	+145= TOTAL		OR	TOTAL	
ı					-1			ADDIT: FEE		OR,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	7 r			. ,		1201
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	,Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***		=] [X43=		OR	X86=	
2	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		╛┞			l	222	
							L	+145=		OR	+290=	
							A	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	• _				<u></u> -	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
ME	Independent	<u> </u>	Minus	***		=] [X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	'ENDENT	CLAIM		▎┞			Un		
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+145=		OR	+290=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												